



Clark County Regional Support Network Policy Statement

Policy No.: CM19
Policy Title: Inpatient Services Authorization
Effective Date: September 1, 2001

Policy: All voluntary psychiatric inpatient admissions for RSN-funded consumers, including persons eligible for the psychiatric indigent program shall be authorized for payment by a CCRSN Care Manager. The inpatient provider, Mental Health Professional, or Designated Mental Health Professional requesting authorization shall make an initial determination regarding medical necessity for inpatient care based on their clinical assessment and provide required clinical information to the CCRSN Care Manager. After reviewing the clinical documentation provided, the CCRSN Care Manager shall approve, deny or negotiate a diversion with the mental health professional making the request for inpatient authorization. Authorization decisions shall be made within specified timeframes and include medical review when necessary.

Reference: WAC 388-865, Washington State Mental Health Division RSN Interlocal Agreement, 42 CFR 400, CCRSN Policy and Procedure: CM13 Intake and Assessment, CM19-A Psychiatric Inpatient Covered Diagnoses, CM19-B Inpatient Authorization Form, CM18 Inpatient Services- Appeal of Denial, QM05 Element of Care Clinical Guidelines, MAA Numbered Memorandum 01-03

Procedure:


1. A face-to-face evaluation by a credentialed Mental Health Professional must be completed before a request for authorization for psychiatric inpatient care is made to CCRSN. Clinicians requesting authorization for payment for hospitalization shall call a CCRSN Care Manager to present their assessment and initial determination of medical necessity within 24 hours of the face-to-face evaluation. The clinician presenting the request for authorization shall include the following clinical information:
 - a) Clinical evaluation with current risk assessment
 - b) Consumer's ability to contract for safety in a least restrictive setting
 - c) Current treatment plan
 - d) Current medications prescribed
 - e) Name of prescriber
 - f) Failure of less restrictive alternatives
 - g) Current outpatient crisis plan
 - h) Diversion options attempted
 - i) Any other information the CCRSN Care Manager requests in order to make a determination of medical necessity for psychiatric in-patient care.

2. CCRSN Care Managers who are credentialed Mental Health Professionals shall be available 24 hours a day, 7 days a week to respond to requests for authorization of payment for inpatient hospitalization. The Care Manager shall respond to a request for authorization within two hours of receipt. A final decision about authorization shall be made within 12 hours of the request.
3. Decisions about authorization for admission are based on financial eligibility, acuity of the mental health condition, level of functioning, presence of a covered mental health diagnosis, and expected benefit of an inpatient level of care as defined by the CCRSN Element of Care Guidelines, as well as the availability of alternative resources. See CCRSN Policy and Procedure CM 19-A for a list of covered mental health diagnoses for psychiatric inpatient care, as published in the Medical Assistance Administration Numbered Memorandum 01-03.
4. Inpatient hospitalization is indicated when, because of a mental disorder, a consumer has an extreme inability to function safely in a less restrictive environment without 24- hour physician or nursing supervision, as evidenced by a review of the following dimensions:
 - a) **Functioning:** Disturbance in one or more of the following areas: affect; behavior; thought processes; and judgment with evidence of recent severe deterioration and inability to care for health/safety needs. Evidence that the deterioration is below baseline functioning and that inpatient treatment will benefit the consumer, *and/or*,
 - b) **Imminent Risk of suicide and/or harm to others:** Inability to exhibit adequate behavioral control to ensure safety of self or others at less restrictive levels of care. Evidence or report of recent suicidal ideation or self-destructive behavior usually within the last 24 hours and/or the presence of a realistic and plausible plan. Well-defined homicidal ideation or aggressive behavior with specific victim and accessible means. Inability to contract for safety of self or others, *and*
 - c) **Support Network:** Support system and/or outpatient services are not adequate to ensure consumer's safety and meet consumer's needs.
5. The CCRSN Care Manager shall review available information by telephone and complete the CCRSN Inpatient Authorization Form to document the authorization request and the authorization decision. If the CCRSN Care Manager determines that medical necessity for inpatient care exists, verbal authorization will be given to the person making the request.
6. The CCRSN Medical Director shall authorize inpatient request for children or adolescents and is available to consult with the CCRSN Care Manager regarding inpatient authorization requests for adults.
7. Requests for payment without prior authorization shall be denied.
8. All denials of inpatient services are reviewed by the CCRSN Medical Director who is a licensed, Board-certified psychiatrist.
9. If authorization for payment for inpatient psychiatric care is denied by a CCRSN Care Manager, the CCRSN contracted provider or inpatient hospital may request an expedited review by the

CCRSN Medical Director. The review will include assessment of medical necessity and acuity as well as the expected benefit and plan for treatment during hospitalization. The Care Manager will provide access to the Medical Director within two hours of the request for expedited review. Based on the recommendation of the Medical Director, the Care Manager shall authorize inpatient care or confirm denial of the authorization request.

- a) If the Medical Director is unavailable within two hours of the request for an expedited authorization, then the authority of authorization falls to the Care Manager.
 - b) A CCRSN contracted provider or psychiatric inpatient provider may file an appeal of denial in accordance with CCRSN Policy and Procedure CM 21 Inpatient Services- Appeal of Denial.
 - c) CCRSN shall issue a Notice of Action to Medicaid consumers when a CCRSN Care Manager denies an authorization request for psychiatric hospitalization.
10. The CCRSN Care Manager shall forward the Inpatient Authorization Form to the CCRSN Hospital Liaison for approved requests for assignment of an inpatient authorization billing number. The Hospital Liaison shall fax the authorization number to the admitting hospital on the next business day after verbal authorization is given.
11. CCRSN shall be responsible for continued provision of inpatient care as long as clinically indicated should a hospital become insolvent.

Approved By: _____


Michael Piper, Director
Clark County
Department of Community Services

Date: _____

11-16-05